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TRANSMITTAL FORM (to be used for all correspondence after final filing)	Application Number	08/322,289	
	Filing Date	May 28, 1989	
	First Name (inventor)	Schenk, Dale B.	
	Art Unit	1847	
	Examiner Name	Turner, Sharon L.	
Total Number of Pages in This Submission	21	Attorney Docket Number	18270J-004740US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page, submitted in duplicate) <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input checked="" type="checkbox"/> Amendment/Reply (17 pages) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request (1 page)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.53 or 1.55	<input type="checkbox"/> Request for Refund	
	<input type="checkbox"/> CD, Number of CD(s)	
Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 28-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or individual name	Townsend and Townsend and Crew LLP	
Signature	Rosemarie L. Celi	
Date	August 24, 2004	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on August 23, 2004.		
Typed or printed name	Asbjorn W. Saker	
Signature	Asbjorn W. Saker	
Date	8-24-04	

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**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003. Partial fees are subject to official review.

☐ Applicant claims email and/or status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 950

Complete if known

Application Number	09/322,289
Filing Date	May 28, 1999
First Named Inventor	Behnk, Dale B.
Attorney Name	Turner, Sharon L.
Att. Unit	1047
Attorney Docket No.	16370J-004740US

METHOD OF PAYMENT (CHECK OR CREDIT CARD)☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit AccountDeposit
Account
Number

20-1430

Deposit
Account
Name

Townsend and Townsend and Crew LLP

The Director is authorized to (check all that apply)

☒ Charge fees indicated below ☒ Credit any overpayments☐ Charge any additional fees or any underpayment of fees☐ Charge fees indicated below, except for the filing fee

in the amount indicated below.

FEE CALCULATION**1. BASIC FILING FEE**

Large Entry	Small Entry	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	345	Utility filing fee	
1002	345	2002	170	Design filing fee	
1003	580	2003	265	Plant filing fee	
1004	770	2004	385	Restoration filing fee	
1005	180	2005	30	Provisional filing fee	

SUBTOTAL (1)

(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee From Below	Fee Paid
Independent claims			
Multiple dependent			

Large Entry	Small Entry	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	15	2001	0	Claims in excess of 25	
1001	55	2001	45	Independent claims in excess of 5	
1003	245	2003	145	Multiple dependent claims, if not paid	
1004	55	2004	45	Reissue independent claims over original claims	
1005	15	2005	0	Reissue claims in excess of 25 and over original patent	

SUBTOTAL (2)

(\$)

*For number previously paid, a greater fee for reissue, see above

3. ADDITIONAL FEES

Large Entry	Small Entry	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	130	2001	25	Surcharge - late filing fee or cash	
1002	50	2002	25	Surcharge - late provisional filing fee or cash	
1003	130	1003	180	Non-English specification	
1012	2,520	1012	2,520	For filing a request for reconsideration	
1004	980*	1004	980*	Requesting publication of AIA prior to examination	
1005	1,840*	1005	1,840*	Requesting publication of AIA after examination	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	950
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	380	2402	190	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1404	1,610	2404	1,610	Payment to produce a product use proceeding	
1405	110	2405	55	Payment to receive - unreviewable	
1406	1,330	2406	665	Payment to receive - reviewable	
1501	1,330	2501	665	Utility issue fee (per request)	
1502	430	2502	210	Design issue fee	
1503	640	2503	320	Plant issue fee	
1400	130	1400	130	Request to the Commissioner	
1607	50	1607	50	Payment to produce a product use proceeding	
1600	180	1600	180	Submission of information disclosure	
3001	40	3001	40	Resolving each patent claimant per property (first number of properties)	
1408	770	2408	385	Filing a submission after final rejection (37 CFR § 1.156(a))	
1010	770	2010	385	For each additional invention or use submitted (37 CFR § 1.156(b))	
1501	770	2501	385	Request for Continued Examination (RCE)	
1602	900	1602	900	Request for expedited examination of a design application	

Enter fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$950)

SUBMITTED BY

Name (Print/Type)	Registration No. (If any)	Registration No. (If any)	Telephone	550-326-2400
Signature			Date	August 24, 2004

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